DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8260

Registration District No. 799 Primary Registration District No. 4479 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all his life (Specify whether years, months or days).
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Saline
(c) City or town Slater 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mitchell Belle Nichols
3. (b) If veteran, name war no
3. (c) Social Security No. 709-07-9417
4. Sex male
5. Color or race White
6. (a) Single, married, widowed, divorced married
6. (b) Name of husband or wife Virginia Nichols
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased April (Month) 4th (Day) 1882 (Year)
8. AGE: Years 57 Months 10 Days 5 If less than one day hr. min.
9. Birthplace Saline Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Rail Road Laborer
11. Industry or business
FATHER 12. Name Ike Nichols
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Bettie White
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant's own signature Goldie May Nichols
(b) Address Slater, Mo.
17. (a) Slater (Burial, cremation, or removal) (b) Date thereof Feb. 11/'40 (Month) (Day) (Year)
(c) Place: burial or cremation Slater, Mo.
18. (a) Signature of funeral director Hill Brothers
(b) Address Slater, Mo.
19. (a) Feb-10 (Date received local registrar) (b) W. M. Little (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9th year 1940 hour 3 minute 40p M.
21. I hereby certify that I attended the deceased from Jany 20th, 1940, to Feb 9, 1940; that I last saw him alive on Feb 9, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-Vascular-Mitro Insufficiency - Renal Breakdown (BP 220)	
Due to	
Due to 12/01	
Other conditions Partial Stroke Last July (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. H. Knuckles (M.D. or other) DO
Address Date signed 2/10/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number ----------
Date Filed 3-13-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
Edgar Moore, Registered Apprentice No. 230,
working under my personal supervision.

Signed Sam M Hill

Licensed Embalmer No. 1292

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.